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PATENT ADMINSTRATOR KATTEN MUCHIN ZAVIS ROSENMAN 525 WEST MONROE STREET SUITE 1600 Certificate of Mailing of I hereby certify that this Fee(s) Transmittal States Postal Service with sufficient postage addressed to the Mail Stop ISSUE FEE transmitted to the USPTO (703) 746-4000,	Transmission s being deposited with the United for first class mail in an envelope didress above, or being facsimile n the date indicated below.
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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKE	NO. CONFIRMATION NO.
10/023,869 12/21/2001 James Samsoondar 3 3 3 3 0 0 1 0 0 0 0	2 4454
TITLE OF INVENTION: QUALITY CONTROL MATERIAL FOR REAGENTLESS MEASUREMENT OF ANALYTES	
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) D	
	BUBAK2 00000139 501710 10023869
EXAMINER ART UNIT CLASS-SUBCLASS 01 FC:2501 WALLENHORST, MAUREEN 1743 436-080000 02 FC:1504	665.00 DA 300.00 DA 3.00 DO
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address or indication of "Fee Address" (37 C-0001 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	TTEN MUCHIN ZAVIS ROSENMAN
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)	
Spectromedical Inc. Cambridge, Ontario, CANADA	
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